

No. W 63560		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OASIS TREE CARE, LLC KENNETH DOLA 217 2ND AVE LEWISTON ID 83501-2107		KENNETH B DOLA 217 2ND AVE LEWISTON ID 83501-2107			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KENNETH B DOLA	Street or PO Address 217 2ND AVE		City LEWISTON	State ID	Country	Postal Code 83501-2107
5. Organized Under the Laws of: ID W 63560		6. Annual Report must be signed.* Signature: Kenneth Dola Name (type or print): Kenneth Dola Date: 06/24/2016 Title: Owner					
Processed 06/24/2016 * Electronically provided signatures are accepted as original signatures.							